

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09-743291

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3	1				
4	1				
5	1				
6	1				
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TOTAL IND.	1				
TOTAL DEP.	5	↓	↓	↓	↓
TOTAL CLAIMS	6	↓	↓	↓	↓

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TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓